N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

	1 PLACE OF DEATH 13337	STATE OF MARYLAND
Coun	y Jonesut	CERTIFICATE OF DEATH
	m. T	Registration Dist. No. 26/
Villag	e or City Many Elizat	St.; Ward)  [if death occurred in a hospital or Institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE)	ande Cal Single, Married, Widowed Or Divorce (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Yoar)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That i attended deceased from
	Dont Kring.	, 191, to, 191,
	(Month) (Day) (Year)	that I last saw h alive on, 191,
7 AGI	bout If LESS than 1 day, hrs.	and that death occurred on the date stated above, atm.
	2 2 yrs	The GAUSE OF DEATH * was as follows:
8 00	CUPATION	This woman was wally by
( #)	Trade, profession, or	a Man Culling hunself Da!
particular kind of work  (b) General nature of lodustry		Mozelle, who is now of fail
business, or establishment in which employed (or employer)		anuiting trial Juralian proclainy criticisms de.
9 BI	RTHPLACE (State or country)	Contributory Consumption of Lungo Secondary
	10 NAME OF FATHER Frank White	(Signad) J. J. Celluro - A.M.
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARENT	12 MAIDEN NAME Milkie Miles	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the ef deathyrsmeeds. State,yrsmeeds.
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at piece of death?
(	(loformant) Fruit White	Former or usuel residence
	(Address) Monion	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 8 121 191 1
15 File	1	20 UNDERTAKER ABDRESS
	REGISTRAR	Jughman Word Money
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on account of the disease causing death, taken to report specifically the occupations of persons write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. Statement of Occupation—Precise statement of occupa-on is very important, so that the relative healthful-Compositor, Architect, The material worked on may form part Locomolive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING NEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull on Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Scnilc," etc.), chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The contributory (secondary or intercur-Never report mere (Recommendations

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECELVED SEP 31915 BUREAU, V.S. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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No.	
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	STATE OF MARYLAND
County Somusil	CERTIFICATE OF DEATH
Village or City Rumbey (No. 1)	Registration Dist, No
FULL NAME Daniel. P. B	lake of street and nom
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Marie & Market & Mar	16 DATE OF DEATH Cugust 1 1 1 (Month) (Day (Y
6 DATE OF BIRTH CLUGARY 121 1850	July 31 1915 to Cuy wat 1
7 AGE (Month) (Day (Year)  1 t LESS than 1 day,hrs.	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
BOCCUPATION (a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	apopleyy 4 hou
which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrsmos
(State or country) Marshand	Secondary (Burstian) were man
10 NAME OF HISEKiah Bloke	Contributory Secondary  Secondary  (Signed)  (Signed)  (Signed)
10 NAME OF Hisekiah Blake	Secondary (Duration) yrs mos.
10 NAME OF FATHER HISEKiah Bloke  11 BIRTHPLACE OF FATHER (State or country) Mayland  12 MAIDEN NAME OF MOTHER Maney Blake  13 BIRTHPLACE	(Signed)  (Signe
10 NAME OF FATHER HISERiah Blake  11 BIRTHPLACE OF FATHER (State or country) Mayland  12 MAIDEN NAME Maney Blake	Secondary  (Signed)  (Sign
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE	Secondary  (Signed)  (Sign

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many oecupatious a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of oeeupa-Spinner, If retired from business, that faet may be indl-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the oeeupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State eause for childbirth or inlsearriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: Accidental, suicidal, or homicidal, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The eoutributory (seeondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



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ARENTS 15

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in

St: (Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) (Monz I HEREBY CERTIEY, That I attended deceased from DATE OF BIRTH (Month (Day 7 AGE It LESS than and that death occurred on the date stated above 1 day ......hrs. The CAUSE OF DEATH OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in dcaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ...... yrs, \_\_\_\_ mos. \_\_ Where was disease contracted. It not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are ngeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipulheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septichacctc, when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for inus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the For vio-

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SEP 71915 BURFAU, V.S.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, employed, as At school or At home. Care should be taken to report specifically the occupations of persons write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Scrvant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "I caler," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubesculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state means of injury and qualify as accidental, "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), symptoms or terminal conditions, such as "Asthenia," chopneumania (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart discose; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," "Exhaustion,



	PLACE OF DEATH	STATE OF MARYLAND
Coun	v Domersel.	CERTIFICATE OF DEATH
		Registration Dist. No. Z60
Villag	e or City No. (No. (No. )	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE)	4 COLOR OR RACE   5 SINGLE, MARRIEO, WIOOWED OR DIVORCEO (Write the word)	18 DATE OF OEATH (Month) (Day) (Year)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	mislum 1	that I last saw h alive on 191
7 AGI	(Month) (Day) (Year)	and that death occurred on the date stated above, at
-0	Book 78 yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)		Openele Abelely Do for To Tean leaves  (Ourstian) yrs. mos. ds.
9 81	RTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER hustrown	(Signed) I Journ (Yol-in Belowmy), N. O.
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DIREASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MTANS OF INJURY; and (2) whether ACCIDENTAL,
PARE	12 MAIOEN NAME OF MOTHER	SUICIDAL OF HOMICIDAL  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At placs In the st deathyrsmesds. State,yrsmesds.
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	Where was dissess contrected,  If net at piece of death?
(	(Informant) Gr a. Bonnes (Super)	Former or usual residence
	(Address) Dolum om 877112	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL  OATE OF BURIAL  19 13 31 1915
15 File	18/31 , 191 S - Winnels REGISTRAR	20 UNDERTAKER Samb ADDRESS Dawy

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Stationary fireman, etc. But in many cases, Architect, Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Fronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull mus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of or miscarriage by railway train-accident; as "Puerperal septichaemia," State cause for which Never report mere Revolver "Exhaustion," wound



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS Every Item of information should be CAUSE OF DEATH in plain terms, s important. 1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Lawsonin M. (No	St.; Ward)  St.; St.; Ward)  St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Null Negro Single, MARRIES, WIDOWES, ORDIVORCED, (Write the word)	16 DATE OF DEATH (Lug. 26 ,1913 (Month) (Day (Year)
G DATE OF BIRTH  Sulf 16 , 1886  (Month) (Day (Year)	markal 1915, to aug. 26, 1915, that I last saw him alive on aug. 25, 1915
7 AGE  2 9 yrs / mos / ds OR min.?	and that death occurred on the date stated above, at 2:30A'm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, Superior Capabage.	Laberralous of bungs.
business, or establishment in Harming and Packing which employed (or employer)  BIRTHPLACE (State or country)  Jamsonin	Contributory Ederacion yrs. 5 mos. 5 ds. Secondary
OF MATHER OF Clefander Johnson  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER OF MOTHER	(Signed) W. Barkler, M. D.  (Signed) W. Barkler, M. D.  (Aug. 26, 1915 (Address) 307 W. W. A. ave.
12 MAIDEN NAME OF MOTHER Christians helson	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGS (Informant) And Conoway T	At place In the of death yrs mos ds. State yrs, mos ds  Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Lawsonen, Med.  15 Filed aug. 27, 1975 Colollins.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  COLUMN SIMILARY (1915)  20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No./1.

V. S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional liue is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. first line will be sufficient, e. g., Farmer or Ptanter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT-DEATHS State DEANS OF INJURY and qualify as ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exetc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Puenderal peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Comat," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," ctc. State cause for "Exhaustion," For vio-



V. S. No. 1.

County James X	CERTIFICATE OF DEATH
	112
	Registration Dist. No.
Village or City (No,	St.; Ward) [If death occurred in a hospital or institution,
2 FULL NAME Harry Kife	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED	16 DATE OF DEATH  (Month)  (Day)  (Year)
© DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
12	ang 1, 1910, to ang 1, 1915
(Month) (Day) (Yea	that I last saw h in alive on aug 16, 191 5.
7 AGE If LESS th	and that death occorred on the date Stated above, at
yrs mos ds or min.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession, or	Tulcolinal obstruction
particular kind of work	
(b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs. mae. / ds
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF Chas Files	(Signed) (Signed) (Signed) (Signed)
U II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
12 MAIDEN NAME OF MOTHER MANA STANKE	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the state, yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Chus Figur	Former or usani rasidence
(Address) Rehobort mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
18 8/12 191 Calonice	20 UNDERTAKER ADDRESS
	11. 11. 11. 11. 11.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Form laborer, Laborer of the second statement. Never return mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cottan is provided for the latter statement; it should be used engineer, Statianary freman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomotive engineer, If retired from without more The question "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pheumonia"); Lobar pacunonia, Pronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrais, ctc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcama, etc., of......... (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichucmia," genital," "Senile," etc.), "Dropsy," "Exhaustion, Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Haemorrhage," "Inanition, " "Old Age," "Shock," "Uracmia," "Weakness," by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound of State cause for which Never report mere ACCIDENTAL, " "Maras-



UNFADING

RECORD

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1 PLACE OF DEATH

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WRITE

Very CERTIFICATE OF DEATH SICIANS should occuPATION IS Registration Dist. No. (If death occurred in PHYSICIANS St.: Ward) a hospital or institution, give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 16 DATE OF DEATH 5 SINGLE. 3 SEX MARRIED. WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH classified. (Day) (Year) (Month pe 7 AGE If LESS than and that death occurred on the date stated above, pino 1 day. ....hrs. OR ..... min. ? properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work supplied. (b) General nature of industry. pe business, or establishment in may which employed (or employar) Contributory certificate. State or country) (Secondary) carefully that 10 NAME OF FATHER (Signed) of pe ARENTS 11 BIRTHPLACE terms, pinons OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions Information 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS 13 BIRTHPLACE 2 At place In the OF MOTHER (State or country of Inford of death ..... yrs. ..... mos. ..... ds. State Where was disease contracted. See It not at place of death? Former or Item OF usual residence. Important. 19 PLAGE OF BURIAL OR Every It REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 8 REGISTRAR ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—("nat the nature of the business or industry, and therefore an who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite sainry), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, (d) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman." (a)

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino death always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc. Carcin-

mus," scpsis, tctanus) dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purreral scotichacetc., when a definite disease can be ascertained as the genital," "Senile." etc.), thonia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interatitial nephritiv nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as -figart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulzions," "Debility" ("Conmere symptoms or terminal conditions, such as "An Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Surcoma. etc., of ... "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for mails: The contributory (secondary or intercurrent "PUERPERAL peritonitis," etc. "Old Age." "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustlon," \_\_ (name origin; "Can State cause for Examples: 10



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#### PERMANENT RECORD UNFADING INK-THIS WRITE PLAINLY, WITH

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OGGUPATION is very N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be it certificate. See instructions on back of important 13945

1 PLACE OF DEATH

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 24

Registration Dist, No...
St.;.....Ward)

[if death occurred in a hospital or institution, give its NAME Inslead of street and number.]

	FULL NAME Hullike Ha	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE SINGLE, MARRIED WIOOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That Lattended deceased from
6 0	OATE OF BIRTH  (Month)  (Day  (Year)	that I last saw hell allve on Aug 19, 191 S
<sup>7</sup> A	yrs omes 8 ds OR min.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH * was as follows:
(b bu	DCCUPATION  I) Trade, profession, or articular kind of work.  I) Beneral nature of Industry, siness, or establishment in hich employed (or employer)	(Duration) yrs mos ds.
TS	STRTHPLACE (State or country)  10 NAME OF FATHER Assuring ton Holbrook  11 BIRTHPLACE OF FATHER	Contributory Secondary  (Signéd)  (Signéd)  (Address)  (Address)
PAREN	12 MAIDEN NAME OF MOTHER CLEGgelloomington	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)	At place in the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURNAL OR REMOVAL DATE OF BURNAL
16 F	Her Aug. 20, 1915 - Maggie B. Marsh	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meningcs, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of.......... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciby carbolic acid-probably suicide. The nature of the The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) For VIO-



PHYSICIANS statement EXACTLY. RECORD classified should may AGI supplied ō NX 0 instructio terms, See pino Should of information a CAUSE OF D 60 should state C 0

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in .....Ward a hospitat er institution, give its NAME instead of street and number. <sup>2</sup> FULL NAME. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWEO OR DIVORCEO I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 7 AGE If LESS than and that death occurred on the date stated above, at 1 day. The CAUSE OF DEATH \* was as follows: OR min. ? (a) Trade, profession, or particular kind of work (b) General nature of ladustry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIOEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At piace to the OF MOTHER (State or country) of death State, .....yra, ... Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?... Former or usual recidence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

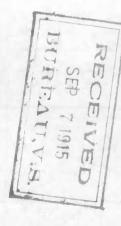
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the Compositor, Architect, For persons who have no occupation whatever, very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomotive engineer, But in many cases, If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICINAL, or as probably such, if impossible state means of injury and qualify as accidental, to determine definitely. surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or misearriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urarmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "An.emia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound of Examples: Accidental drowning; State cause for which Never report mere



MARGIN

V. S. No. 1.

N. B.-

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.269

S	t.;	War	d)

[if death occurred is a hospital or institution, give its NAME instead of street and number.]

Haller

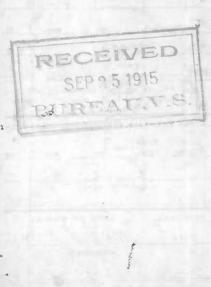
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Je.	evale Calared Single, WINDOWED, ORDIVORCED (Write the word)	DATE OF DEATH  (Month)  (Day  (Year)
DA	LE OF BIRTH LOO Not Know Where Corne Lent think 53 (Spans) (Day (Year)	that I last saw here alive on Glegness 7 1915
7 A C	(2001)	and that death occurred on the date stated above, at 5 a, n The CAUSE OF DEATH* was as follows:
(a) par	Trade, profession, or ticular kind of work.  Strusewood	Branchetes.
busi	General nature of Industry, ness, or establishment in the mployed (or employer)	(Ouration) yrs. 3 mos. de
Bi	(State or country) Mt Vermon. Ind.	Contributory Secondary  (Buration) yrs mos d
	10 NAME OF Issac Hitch	(Signed) Aslew T. Ruby M. 1
ARENTS	of FATHER (State or country) Mt Verusu Md	State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accident
PAR	12 MAIDEN NAME Sallie Janes	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
	OF MOTHER (State or country) Mt Veryau. Ind.	At place in the of death yrs mos ds. State yrs, mos d
<sup>4</sup> т (	interment) alenander Halbroak	Where was disease contracted, It not at place of death?  Former or Usual residence.
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5 File	any of 191 & Worthsamar	Mentor med and 1912
CHE	REGISTRAR	William Street Bruses an

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (seeondary or intercurrent) "Dropsy," "Exhaustion," Never report



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	age or City Rueces (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 260  St.; Ward)  [if death occurred in a hospital or institution, give its MAME instead of street and nomber.]
	FULL NAME	Auston .
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The	Muale While Single, widowed, or opyorced (Write the word)	16 DATE OF DEATH Legres Set , 191 St. Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D/	ATE OF BIRTH	
	acques 34, 1915	(112511 1
7 AC	(Month) (Day (Year)	// ICOP
AC	1 day hrs	and that death occurred on the date stated above, at / m,
	O yrs mos ds or 3 min.?	The CAUSE OF DEATH* was as follows:
(2)	Trade, profession, or ticular kind of work.	Talent foramen orale
busi	General nature of Industry, ness, or establishment in ch employed (or employer)	(Duration) yrsmosds.
981	RTHPLACE (State or country) Marylaced	Gontributory. Secondary
	10 NAME OF Tuelles I Huston	(Signed) Cacherine Total on M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Manglace	State the DISEASE CAUSING DEATH, OF, in theaths from VIOLENT
PARE	12 MAIDEN NAME Clary of ferring	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)  Marlaced	OR RECENT RESIDENTS) At place In the of death yrs, mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY HOPELEDGE	Where was disease contracted,
	Chelles I Hearton	If not at place of death?
(	(Informant)	usual residence
	(Address) Ruces allee	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Veliphing 8/25- 1915-
File	of 8/24 1025- Frank	20 UN DERTAKER APDRESS
riu	REGISTRAR	Shelis Stuston of terring
1	If more blanks are needed, address State Regist	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line wili be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

.vatvular heart disease; Chronic interstitiat nephritis, affection need not be stated unless important. ete. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclamia," "Tuerferal peritonitis," etc. State cause for ehildbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uracmla," "Weakness," mere symptoms or terminal conditions, such as "Asture of the Americau Medicai Association.) "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbotic acid-probably suicide. The nature of the dent; Revotver wound of healt-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart faiture," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report Accidental drowning; Struck by railway train-acci-Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Spille," etc.), "Dropsy," may be stated under the head (Recommendations on statement of "Exhaustion,"



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

> If death occurred in Ward) a hospital or institution, give its NAME Instead of street and number.

wa -	*
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Que (Month)	2 , 1910' (Year)
17 I HEREBY CERTIFY, That I at	
a Men, to C	2,1917
that ( last saw h alive on	, 191,
and that death occurred on the date st	ated above, at m.
The CAUSE OF DEATH * was as follow	ws:
Malmil	tan
(Ouration)	yrs. mos. ds.
Contributory Secondary	yrs mos ds
(Signed) (Address) (Address) (State the DISEASE CAUSING DEATH, OF	ourosines his
** State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.	(2) whether Accidental,
18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place In this of death yrs. mos. ds. Stats Where was disease contracted, if not at place of death?  Former or visual residence.	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Trimpties (Turis)	8/3 , 1015
20 UNDERTAKER Wilson	Address -

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salcsman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon Housemaid, etc. If the occupation has been changed mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of ageness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull SUIGIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths head-homicide; Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, "PUENPERAL perilonilis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronbirth or miscarriage as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of..... "Coma," (merely symptomatic), "Atrophy," "Col-oma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by carbolic acid-probably "PUERPERAL seplichaemia, "Dropsy," "Exhaustion," Never report mere



S. No. 1.

Important.

m ż

#### of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state beath in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT 4 IS UNFADING INK-THIS PLAINLY, WITH WRITE CAUSE OF

County

1 PLACE OF DEATH

13950

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in

٧	*FULL NAME Marguerite	St.; Ward)  a hospital or institution, give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH  (Month) (Day)  (Year)	that I last saw h.e.s. alive on Aug. 8, 1915;
7 A	yrs mos ds f day, hrs. OR min. ?	and that death occurred on the date stated above, at 3 A m, The CAUSE OF DEATH* was as follows:
(a) (b) bus	CCUPATION / ) Frade, profession, or rilcular kind of work	(Duration) yrs mos ds
-	IRTHPLACE tate or country)	Contributory (Secondary) (Paration) yrs mos ds.
TS	11 BIRTHPLACE OF FATHER  OF FATHER	(Signed) SA (Address) Duane, M. D.
PARENT	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.
	(Informant) (Informant)	Where was disease contracted, If oot at piace of death?  Former or usual residence
15 Fil	ed arg 9 , 1915 W & Kelly REGISTAR	19 PLACE OF BURIAL OR REMOVAL  Date of BURIAL  Date of BURIAL  Date of BURIAL  ADDRESS  ADDRESS  L. Welshir Lals Islan
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. gainfully employed, as At school or At home. minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreral septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malls Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:



S. No. 1.

N. B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD CAUSE OF

PHYSICIANS should state of OCCUPATION is very stated EXACTLY. of information should be carefully supplied. AGE should be say DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. Important.

1 PLACE OF DEATH

13951



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 768

St :----Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead

2FULL NAME Clearly face	reform of street and nomoer.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Oldred (Write the word)	16 DATE OF DEATH Acces 7 , 1918 (Year)
DATE OF BIRTH  Control (Month) (Day (Year)	that I last saw herealive on Ally 3 1915
7 AGE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in	
which employed (or employer)  BIRTHPLACE (State or country)  Which employed (or employer)	Contributory Secondary  (Duration) yrs mos ds
O 11 BIRTHPLACE OF FATHER	(Signed) J. H. J. Garce, M. D. Chery 3, 1915 (Address) Chery L. D.
2 (State or country) Merkers 12 MAIDEN NAMES OF MOTHER & Auber Saulafond	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted,
(Informant) John Spines (Address Francis Comme 470)	If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Lug 4 d. 1915 PEGISTRAR	20 UNDERTAKER DELLE DERESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-"Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease it ime and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 71915
BUREAU, V.S.

RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-IHIS IS A PERMANENI RECORD	N.B.—Every Item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13952 1 PLACE OF DEATH State

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 261

[If death occurred in "

FULL NAME Mandy Lewis	St.; Ward) a hospital or Institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
OATE OF BIRTH  (Month)  (Month)  (Day)  (Year)  (Year)  (Year)  (Year)  (Year)  (I)  (Year)  (Year)  (Year)  (Year)  (I)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Say, hrs.  (Say	that I last saw h. alive on
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
(Address) Muran Slater sellen St.	19 PLACE OF BURIAL OR REMOVAL  WENT MALLEN 200 DATE OF BURIAL  20 UNDERTAKER  ADDRESS  Minus
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulcated thus: Parmer (retired 6 yrs.). For persons Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers statement. first line will be sufficient, e. g., been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer or Planter, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid ineumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEEPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Ohronic interstitlal nephritis ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Coliapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. "Contributory." oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Never report Examples: For VIO-20



PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. AGE should be s DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

stated EXACTLY.

RECORD

S. No. 1.

WRITE

CAUSE OF Important.

'n ż PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 g	eurale Blk Single, Married Widower, Orbivorecto (Write the word)	16 DATE OF DEATH Aug, 23 70, 1915 (Month) (Day (Year)	
5 D	ATE OF BIRTH  Och 14th, 1866  (Month) (Day (Year)	THEREBY CERTIFY, That I attended deceased from 1957 Tollique LS, 1957, that I last saw here alive on Original 22, 1913	
TA		and that death occurred on the date stated above, at 28 cm, The CAUSE OF DEATH* was as follows:	
(a)	CCUPATION 1) Trade, profession, or Housewife	and Diedering the Heart	
bus	) General nature of industry, siness, or establishment in lich employed (or employer)	(Ouration) 2 yrs mos ss.	
9 B	(State or country) Maryland	Secondary (Duration) yrs mes ds.	
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PA	13 BIRTHPLACE OF MOTHER (State or country) Waryland,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds	
	(Informant) Johnson & Sellis	Where was disease contracted, If not at place of death?  Former or usual residence.	
16 Fil	(Address) Up Fairenount Md	PLACE OF BURIAL OR REMOVAL  PLEUMOUNT CENTER, Ung. 24/1916  20 UNDERTAKER, ADDRESS, Up Fairmont  Strar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Mcasles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ampie: Mcastcs (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopmcumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-



Important.

N. B.

PERMANENT UNFADING INK-THIS IS AGE

18655

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;..... ..Ward)

[If death occurred in a hospital or institution,

	FULL NAME Mr. alfred	miles	ot street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
35	Will Neyrs SHARED, Married Will Neyrs (Write the word)	16 DATE OF DEATH (Month)	/ /3 , 1915 (Year)
8 D	about Feb 19,853	that I last saw here alive on all	et I attended deceased from
7 A	GE (Month) (Day (Year)  It LESS than 1 day,hrs.  OR	and that death occurred on the date state.  The CAUSE OF DEATH * was as follows	ed above, at 4 P. m.
(a) (b) (b) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b	CCUPATION 1) Trade, protession, or France 1) General nature of industry, 1) General nature of industry, 1) siness, or establishment in 1) transport of industry 1) transport of industry 2) transport of industry 3) transport of industry 4) transpor	Gausest by a Juli from 6 x (Duration)	Carf
	10 NAME OF My, Glarge Harry  11 BIRTHPLACE	Secondary	yrs mos 2 bs.  yrs mos 2 bs.  W-md. ave
PARENT	12 MAIDEN NAME Phiso Mary Incles  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	*State the Disease Causing Death, Causes, state (1) Means of Injury; tal, Suicidal, or Homicidal.  18 Length of Residence (for Hospita or Recent Residents)  At place	and (2) whether Acciden-
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	of death yrs mos ds. Stat Where was disease contracted, If not at piace of death?	e yrs, mos, ds
15 Fi	(Address)	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER	DATE OF BURIAL

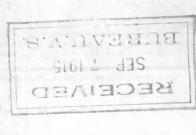
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospiual meningitis"); Diphilieria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or misearriage as "Tuerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. Never report thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for For vio-



state Very CCCUPATION IS RECORD PERMANENT ciassified P properly supplied. may be UNFADING certificate. 20 Jo WITH back terms, Lo plain instructions DEATH See Item L.O mportant. Ш Every

PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:....Ward)

If death occurred in a hospital or institution. give its NAME Instead

of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS SINGLE, Marr WIDOWED, ORDIVORCED (Write the word) (Year) (Day I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than t day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, At place OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs. Where was disease contracted, if not at piace of death? ... Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indieated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persous engaged in domestic service for wages, as should be taken to report specifically the occupatious duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uce-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the 'Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death is always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal scotichac-mia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For viovalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasthenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., "Collapse," "Coma," "Convulsious," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Ounty Somersel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 76  St.; Ward)  [If death occurred in a hospital or institution,
2 FULL NAME Clara 6. Mo.	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDINORCED (Write the word)  5 DATE OF BIRTH  July 23  (Month) (Day (Yent)	I HEREBY CERTIFY, That I attended deceased from  1915, to any (Year)  1915, to any (Year)  1915, to any 1915, that I Jast saw here alive on 1915.
TAGE  Soccupation  (a) Trada, profession, or particular kind of work  TAGE  If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 10/5/m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory descendence of Spino
10 NAME OF FATHER Le cle con lo fong  11 BIRTHPLACE OF FATHER (State or country) Magnical  12 Maiden Name OF Mother Obesia September 12 Mother Of Mother Obesia September 14 Mother Obesia September 15 Mother Obesia September 16 Mother Obesia September 17 Mother Obesia September 18 Mother 18	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M. D. Carry (M. D. Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO-THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place
(Informant) 16. (closure (Address) Kewport Kews, 12.	If not at place of death?  Former or usual residence
Filed 30 ,191 5 - Phurth REGISTRAR  If more blanks are needed, address State Regist	20 UNDERTAKER  Phelip Senith  Tar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaecte., when a definite disease can be ascertained as the nns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated nnless important. thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF MOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or interenrent) Always qualify all diseases resulting from Measles "Schile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," etc. State canse for "Exhanstion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 71915
BURFAULY.S.

CSICIANS should occupation is RECORD PERMANENT classified. proper INK UNFADING 0 WITH back plain Instructions 5 EATH WRITE 0 Item 1 Important. CAUSE

state Very 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

### [if death occurred in .....Ward) a hospital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) (Day (Year) CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Secondary (State or country) 10 NAME OF (Signed 11 BIRTHPLACE ARENT OF FATHER (Statelor country \*State the DISEASE CAUSING DEATH OF IN deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAMI OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. Where was disease contracted. It not at place of death? Former or usual residence. DATE OF BURIAL 16 .E...., 191.5.2 20 UN ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: ness. If retired from business, that fact may be iudi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Colton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Never Farmer (retired 6 yrs.) For persous return "Laborer," "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, peritonacum, etc., Carcin-

inus," "Old Age," "Shoek," "Uraemia," "Weakness," ete. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenelascpsis, tctanus) injnry, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERFERAL peritonitis," etc. State cause for childblrth or misearriage as "Puerperal septichaeete., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenta," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which sprgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Always qualify all diseases resulting from "Seuile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report For viods.;



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n should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	lain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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V. S. No. 1.

WRITE PLAINLY, WITH UNFADIR

N. B.—Every Item of information should be carefully su

CAUSE OF DEATH in plain terms, so that it ms
important. See instructions on back of certificate.

	13958	
	1 PLASE OF DEATH	STATE OF MARYLAND
	unty Sommer T	CERTIFICATE OF DEATH
Co	unty Jo Marco	Registration Dist, No. 261
Vii	lage or City Miniou (No,	St.; Ward)  [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
	FULL NAME Sufacit Cor	& or meeting.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex  A COLOR OR RACE  Single,  MARRIED,  WIOWED,  WIOWED,  ORDIVORCED  (Write the word)	(Month) (Day (Year)
=		17 I HEREBY CERTIFY, That I attended deceased from
. D	Downs devel aug 8/915	, 191, to, 191,
	(Month) (Day (Year)	that I last saw halive on, [91
TA	6	and that death occurred on the date stated above, atm,
	Jores de de la dayhrs.	The CAUSE OF DEATH* was as follows:
80	CCUPATION	Bowel dead any 8/918:
	) Trade, profession, or ricular kind of work.	21-C1d.00 0 04-740
100	General nature of industry,	Lober Olobaly aused by fall.
	siness, or establishment in ich employed (or employer)	
	IRTHPLACE	Contributory
	(State or country meet to me	Secondary
	10 NAME OF	(Ouration) yrs mos ds.
-	FATHER Hassessen Hollows	(Signed) Mye Couldway, M. D.
TS	11 BIRTHPLACE OFFATHER &	Cury 1910 (Address) Marion ma
Z	(State or country) musily mp	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PARENTS	of Mother Celes word	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) Somuel & MA	At place in the of death yrs mos ds. State yrs mos ds
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,  If not at place of death?
	(Informant) Dec W. Whitelength	Former or usual residence
	Mona	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address)	1'com Monin 8-9,1914
	819 mr 7. V. adam	20 UNDERTAKER ADDRESS
FI	ed   191   REGISTRAR	To W Whillington min
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question who have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of dcath approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultlon," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of may be stated under the head State cause for Never report For vio-



should state OCCUPATION IS VELY PHYSICIANS RECORD 0 Exact statement PERMANENT EXACTLY. stated classified. 4 pe IS AGE should properly class UNFADING INK-THIS AGE may be p Op certificate. carefully that It 0 0 PLAINLY, WITH po DEATH in plain terms. See instructions on back pinous of Information WRITE CAUSE OF Important. ø ż

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

PARENTS

15 Filed,

11 BIRTHPLACE OF FATHER (State or countr

12 MAIDEN NAME OF MOTHER

(Address) .-

BIRTHPLACE OF MOTHER (State or country

(b) General nature of industry, business, or establishment in

### PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, A MARRIED. WIOOWED. OR OLVORGED (Write the word) (Month) (Day TAGE

which employed (or employer) -----

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;Ward)	[It death occurred in a hospital or institution, give its NAME instead
1	of street and number.]

NAMESargard / Tele	w uvertuas
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE  Single, Married, Wioowed, OR Olyopeed (Write the word)	16 DATE OF DEATH  (Mynth) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw he alive on Quy 1918?
1 day,hrs.  OR. min.?	and that death occurred on the date stated above, at
istry, nt in yer)	(Duration) 2 yrs. mos ds.
Prycerset Co	Contributory Ca Layer Secondary (Duration) yrs mos ds
inthe orient Co	(Signed) (No. 0. (Address) (No. 0. 191 J. (Address) (No. 0. 191 J. (Address) (No. 0. 191 J. (No. 191 J
Milaour introduceset Cd	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
UR TOTHE DESTORMY KNOWLEDGE	Where was disease contracted, it not at place of death?  Former or  USUAL residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
1915 - Thinh REGISTRAR	The Will Johnson Co. Saliahury ma
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Dalto., Requesting V. S. No. 1.

No. 1. 02



[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a slugle word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid Ineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallied, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcine

affection need not be stated unless important. Example: Measles (disease eausing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgleal operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 71915
BUREAU, V.S.

wid s	County Somersel	CERTIFICATE OF DEATH
RECORD PHYSICIANS Should of OCCUPATION IS	Village or City Devel blank (No. 8) 2 FULL NAME panes &	Registration Dist, No. 26 8  St.; Ward)  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
H	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENTEvery Item of information should be carefully supplied. AGE should be stated EXACTLY. GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen important. See instructions on back of certificate.	OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informani)  Address)  15  Filet Cary H. 191 s.  Cary H. 191	MEDICAL CERTIFICATE OF DEATH  (Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from 1912, 1912, to 1912,
z.	REGISTRAR  If more blanks are needed address State Perio	VIllEbster Frate Islandy"
	and and are accura, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

13960

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborerwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are eugaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "l'uerreral peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Tuerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For VIO-



Z

PHYSICIANS t statement of

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	1
nogradiation	DISE	140.	

### If death occurred in Ward) a hospital or institution give its NAME instead of street and number. <sup>2</sup> FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, WIDOWED OR DIVORCED (Month) HEREBY CERTIFY, That I attended deceased from (Year) (Month) If LESS than and that death occurred on the date stated above, at. 1 day, hrs. The CAUSE OF DEATH \* was as follows: min. ? (a) Trade, profession, or (b) General nature of Industry husiness, or establishment in which emplayed (or emplayer Contributory Secondary (Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, (State or country 12 MAIDEN NAME SUICIDAL OF HOMICIDAL." OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place in the (State or country of death ..... yrs. Where was diseese contracted, if not at place of death? Former or ueual residence DATE OF AURIAL ...., 191V..... 20 UNDERTAKER ADORESS

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, The material worked on may form part Architect, Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, state means of injury and qualify as accidental, birth or misearriage as "Puenperal septichaemia," mus," "Old Age," "Shoek," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) and consequences (e. g., scpsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. "Heart failure," "Haemorrhage," "Inanition," "Marasby railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain—accident; Revolver Examples: Accidental drowning; State cause for which Never report mere mound



### supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be g certificate. See Instructions on back of WRITE PLAINLY, WITH Important. N. B.-

1 PLACE OF DEATH 13962



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 260

5	St.	·	W	ar	d)	

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

H	FULL NAME Queine V/ Se	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JE JE	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	(Month) (Day (Year)
6 D.	(Month) (Day (Year)	HEREBY CERTIFY, That I attended deceased from 17, 1913.  That I last saw h. alive on
(a)	GE It LESS than t day,hrs.  ORmin.?  CCUPATION ) Trada, protession, or ricular kind of work.	and that death occurred on the date stated above, at
bus Whi	General nature of industry, siness, or establishment in lich amployed (or employer)  IRTHPLACE (State or country)	Contributory Secondary  Ouration)  yrs. mos. ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  OF STATES  12 MAIDEN NAME  OF STATES  13 MAIDEN NAME  OF STATES  OF STAT	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidentally, or Homicipal,
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds Where was disease contracted, It not at place of death?
16	(Address Eucese Aug B. Marsh	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS

If more hanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association. dent; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicidc. The nature of the The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for For vio-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1. Z.B.

BINDING

FOR

RESERVED

MARGIN

13963	35819
1 PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Reach (No. 100 o	St.; Ward)  [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRISTO, WIDOWEO OR DIVORCEO (Wyde the word)	18 OATE OF OEATH Quy 27, 1910  Month) (Year)  17   HEREBY CERTIFY, That   attended deceased from
6 OATE OF BIRTH	to freely 191 , 191 , 191 , 191 ,
(Month) (Day) (Year)	that I last saw h alive on Bue there 1913,
7 AGE If LESS than	and that death occurred on the date stated above, at Jam.
yrs	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or	Chalen Juftalen
particular kind of work  (b) General nature of Industry	1.9
business, or establishment in which employed (or employer)	(Quratton) yrs. mos. de.
9 BIRTHPLACE	Contributory
(State or country)	(Ouralion) yrs mos ds.
10 NAME OF FATHER PRESTOR & Secretion	(Signed) Jule James M. O.
0 11 BIRTHPLACE	Qings 2), 191 (Address) Tocomotion as
OF FATHER  (State or country)  12 MAIOEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicioal.
of MOTHER (Vice ) Jeline	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  Assures of Carrelland	OR RECENT RESIDENTS) At place In the of deathyre,mosds. State,yrsmosds.
14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where wae dleeese contracted, If not at place of death ?
(Informant Justin Differenth	Former or usual residence
(Address) from the	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
15 ST 1 = 0 a P - 01	20 UNDERTAKER ADDRESS
Filed / 191 3 COTON REGISTRAR	12a Pland Ben Por mowhe
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.
Diamas are needed, address other negligible,	

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At sehool or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many cases, mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Never return "Laborer." If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by earbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septich mia," SUICIDAL, or HOMICINAL, or as probably such, if impossible "PUERPERAL perilonitis," etc. State eause for which ctc., when a definite disease can be ascertained as the "Anzenia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless nephrilis, etc. The contributory (secondary or intercurcough; (Ihronic rabular heart disease; Chronic interstitial Example: Measles (disease eausing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Meosles; Whooping Always qualify all diseases resulting from The nature of the injury, as fracture of skull Never report mere important.



V. S. No. 1.

N. B.

A PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

# AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very Every liem of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[If death occurred in a hospital or institution, give its NAME instead

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
38	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month)	, 19A (Day (Year)
	ATE OF BIRTH  April (Day (Year)	that I last saw h. A. slivs on	leg 17, 1915
A	GE   If LESS than 1 day,hrs, ORmin.?	snd that death occurred on the date state.  The CAUSE OF DEATH* was as follows:	
(a	CCUPATION ) Trade, profession, or Thousewook Thicular kind of work	Replicition of Sufface	yalos Stoceach
bus	) General nature of industry, siness, or establishmant in Ich employed (or employer)	(Duration)	yrs/mosd
В	(State or country) Champ Mb	Secondary (Surviva)	
S	10 NAME OF GLOOGE Hopkins  11 BIRTHPLACE	(Signed) (Duration) (Signed) (Address) (Address)	Reby M.
AKENIS	OF FATHER (State or country) Clease model  12 MAIDEN NAME OF MOTHER	State the Disease Causing Death, Causes, state (1) Means of Injury; TAL, SUICIDAL, or HOMICIDAL.	
۵.	13 BIRTHPLACE OF MOTHER (State or country)  Origle Md		
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.	
5	(Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Fil	ed, 19†REGISTRAR	20 UNDERTAKER	ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. naterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Thysician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcine

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mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecer" is less defiuite; avoid use of "Tumor" for maligture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles "Senile," etc.), (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion," For vio-

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[Approved by U. S. Census and American Public Realth Association.]

E yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Duy luborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Fareman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-The material worked on may form part Women at home, who are engaged in -Precise statement of occupa-Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as birth or misearriage as "Pubrperal septicharmia," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," head—homicide; to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Curcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of "Senile," etc.), The contributory (secondary or intereur-Poisoned by corbolic "Dropsy," Never acid—probably "Exhaustion," ACCIDENTAL, report mere important.



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PHYSICIANS

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No fif death occurred in St.:....Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WICOWED, (Month) (Day) (Year) OR OIVORCEO CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) if LESS than 7 AGE and that death occurred on the date stated above, at t day, .... hrs. 6 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment (Duration) @ which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE HZ OF FATHER (State or country) \*State the DISBASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-PARE TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State ...... yrs. \_\_\_\_ mos. Where was disease contracted. If not at place of death? usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ma... 1912 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal additional live is provided for the latter statement; the nature of the business or industry; and therefore an who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purreneal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Tracmia," "Weakness," -Kart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . by carbolic acid-probably suicide. The nature of the ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: nant ncoplasms); Measles; Whooping cough; Chronic . Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Can-is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report Examples:



Y. PHYSICIANS	Count	PLACE OF DEATH 13967	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 261~
Lu	Villag	e or City Cafella (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
EXAC sified.	~	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
class	3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended deceased from
be ica	6 DATE OF BIRTH		ang 25, 1915, to / kay , 1915,
hould be st be properly certificate		(Month) (Day), 1 (Year)	that I last saw han alive on and 25 1915,
o Z o	7 AGE	E If LESS than	and that death occurred on the date stated above, at 30m.
AGE s it may back of	yrs. 2 mos. 2 ds. 1 day, hrs. OR min.?		The CAUSE OF DEATH * was as follows:
ed.	8 OCCUPATION (a) Trade, profession, or particular kind of work		Colitis
fully suppli terms, so t structions	(b) General nature of industry business, or establishment in which employed (or employer)		10 Clays (Ouration) yrs. mos. ds.
ain	9 BI	RTHPLACE (State or country) Cufuld	Secondary (Buration) yrs. mos. ds.
S P C	S	10 NAME OF Charles S. Waters	(Signed) M, O, M, O.
shou EAT sorta	2	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIPAL or HOMICIDAL.
Fion	PAR	12 MAIDEN NAME OF MOTHER Surgar Strking	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
informat AUSE O		13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS)  At place in the of deathyrsmosds. State,yrsmos,ds.
Every item of in should state CA OCCUPATION	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)		if not al place of death ?
very iter hould sta	(Address) Crifuld		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
B.—E.	15 Flie	aug 29, 191 - MHB oulbour	20 UNDERTAKER ADDRESS Hamair Mary Chicalida M
z		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



Approved by U. S. Census and American Public Health Association.

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person; irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. If retired from without more The question

unqualified, is indefinite); Tuberculosis of lungs, spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-CAUSING DEATH (the primary affection with respect to Typhoid fever (never report "Typhoid pneumonia"); time and causation), using always the same accepted Statement of Cause of Death-Name, first, the DISEASE for the same disease. pneumonia, Bronchopneumonia ("Pneumonia, Examples: Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakhess," birth or miscarriage as "Puberberal septichaemia," genital," "Senile," "Anaemia" (merely symptomatic), "Auroputy
> "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chroric valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping nephritis, etc. (name origin; "Cancer" is less definite; avoid use of ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of. The contributory (secondary or intercuretc.), "Dropsy," Never report mere "Atrophy," "Exhaustion,"

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



N. B.—Every item of information should be carefully aupplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN WRITE PLAINLY, WITH S. No. 1.

PLACE OF DEATH

County Donnerset	CERTIFICATE OF DEATH  Registration Dist. No.
2 FULL NAME Charles 91	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR PAGE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCEO (Write the word)	16 DATE OF DEATH  (Mighth)  (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
TAGE  S DATE OF BIRTH  Suit TO 1877  (Month) (Day (Year)  TAGE	that I last saw h in allve on all 24, 1915
TAGE  If LESS than 1 day,hrs. ORmin.?  **BOCCUPATION (a) Trade, profession, or particular kind of work  **Page 1.5 the profession or particular kind of work  **Page 2.5 the page 2.5 the page 3.5 the page 3	The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country.)	(Duration) yrs mos 3 ds.
10 NAME OF FATHER LAMEN WILSON	(Signed) (Buration) yrs mos ds.  (Signed) (Address) Oren L. O. M.D.  (May 2 L. 191 D. (Address) Oren L. O. M.D.
11 BIRTHPLACE OF FATHER (State or country) Somersel (State or country)  12 MAIDEN NAME OF MOTHER Susaw & alwood	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death?
(Informant) J. J. Leel .  (Address) Corifield Mix	Former or Usual residence
Flight 24 1915 my Carlow REGISTRAR	2 Purpertaken appress Cusheld
it more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line wili be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," anqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated nnless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart fallnre," "Haemorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Convnisions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poispned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease cansing death), 29 ds.; "Senile," cte.), (Recommendations on statement of "Dropsy," "Exhanstlon," Never report



Village or City Confus (No. 2 FULL NAME Howard E. Wils	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE  COLOR OR RACE  SINGLE,  MARRIED,  WIDOWES  OR DIVERSED  (Write the word)  TAGE  (Month)  (Day)  (Year)  TAGE  SOCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in	16 OATE OF OEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  191, to, 191, that I last saw h alive on, 191, and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  ANNUS RIGARIA  11 BIRTHPLACE OF FATHER (State or country)  2 MAIOEN NAME	(Signed) (State the DISEASE CAUSING DEATH, or in the the from Violent' Causes, state (1) Means of injury; and (2) whether Accidental,
12 MAIOEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Cirifill (Address) Cir	DATE OF BURIAL OR REMOVAL  ALL OF BURIAL  OUNDERTAKER  ADDRESS  ON Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as Al school or Al home. Care Should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. will; (a) Salesman, (b) Grocery; (a) Foremun, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemic cerebroterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted Statement of Cause of Death-Name, first, the DISEASE pneumonia, Bronchopneumonia ("Pneumonia,"

> suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, letanus) may be stated SUCIDAL, OF HOMICIDAL, OF as probably Euch, if impossible to determine definitely. Examples: Agridental drowning; Struck by railway Frain—accident; Revolver wound of heod—homicide; Rossoned by coruplic acid—probably on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "H::emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracnia," "Weakness," cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion,"

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obnined before If this certificate is looked over thoroughly and all ques-

